FILE

## **NEVADA FINANCIAL DISCLOSURE STATEMENT**

(Attach additional sheets if necessary.)

DEC - 5 2005 A

DEAN HELLER SECRETARY OF STATE /049

| NAME: GLADYS BURRIS  MAILING ADDRESS P.O. BOX 20  CITY, STATE, ZIP BATTLE MOUNTAIN, NV 89820  TELEPHONE: 775-635-2251  |                                 |                        | LENGTH OF RESIDENCE IN NEVADA 32 YEARS LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 18 YEARS E-MAIL 6744 gladylind@yahoo.com |  |   |   |  |
|--|---------------------------------|------------------------|--|--|---|---|--|
| List all public offices for which this finant  | Elected (E) or<br>Appointed (A) | Annual<br>Compensation |  | 1.571, Subsection ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b) | 1(g)]: CANDIDATE (no later than the 10th day after the last day to qualify as a candidate)  NRS 281.561(1)(a) | APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a) |  |
| LANDER COUNTY  DISABILITY  | ou and membe                    | ers of your ho         | usehold over 18 y  | years of age [N  | RS 281.571, S   | Subsection 1(b)]:  Self Household Member  |  |
| List each creditor to whom you or a me or deed of trust on real property which vehicle for personal use was retained b | is not required                 | to be listed l         | below, and (2) de  | ore [except (1)<br>bt for which a  | debt secure<br>security inte  | d by mortgage rest in a motor  Self Household Member  |  |

| firm, business, trust joint ventur<br>involved as a trustee, beneficiar<br>a class of stock or security repre | rganization or enterprise operated for ecoes, syndicate, corporation or association by of a trust, director, officer, owner in whe senting 1% or more of the total outstances.           | ) with which you or a member of yole or in part, limited or general par                        | our household is<br>tner, or holder o  | s<br>f        |
|---|--|--|--|---------------|
| [NRS 281.571, Subsection 1(f)]:   |  |  | Self Househ  |               |
| N/A   |  |  |  |               |
|   |  |  |  |               |
|   |  |  |  |               |
|   | · · · · · · · · · · · · · · · · · · ·  |  |  |               |
| your household has a legal or be state or an adjacent state [NRS 2 Spender]                                   | ullar use of all real estate (other than pe<br>beneficial interest; (2) the fair market valu<br>231.571, Subsection 1(c)]:<br>ecific Location  | rsonal residence): (1) in which you<br>le of which is \$2,500 or more; and (<br>Particular Use | 3) located in this   | if<br>s       |
|   |  |  |  | <u>-</u><br>- |
|   |  |  |  | -             |
| during the preceding taxable ye consanguinity or affinity; and (2)  | alue of each gift received in excess of a<br>ear [except (1) a gift received from a per<br>2) ceremonial gifts received for a birthday<br>have a substantial interest in your legislater | rson who is related to you within th<br>v, wedding, anniversary, holiday or                    | e third degree on the contract of the contract | ıf<br>Il      |
| N/A   | Donor  | <u> </u>   | Value of Gift  | _             |
|   |  | \$\$\$\$   |  | -             |
|   |  |  |  | -             |
| THE INFORMATION I HAVE F  | PROVIDED HEREIN IS ACCURATE AND  | COMPLETE.  |  |               |
| Date: <u>Do Avmber</u> o  | 2,2005 Signature: 1  | ody Buris  |  | -             |
|   |  | •  |  |               |

Revised 8/23/2005

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